

FEB 14 2019

US BANK/FCC

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2-25-19

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDINGFEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE
FORM 159Approved by OMB
3060-0589
Page No. 1 of 1

2019 FEB 28 11 3 20

(1) LOCKBOX # 879089		SPECIAL USE ONLY	
		FCC USE ONLY	
SECTION A - PAYER INFORMATION			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) Kitchen, Christopher		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$725.00	
(4) STREET ADDRESS LINE NO. 1 240 Greenwich Avenue			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY Greenwich		(7) STATE CT	(8) ZIP CODE 06830
(9) DAYTIME TELEPHONE NUMBER (include area code) 203-861-0900		(10) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0025050279		(12) FCC USE ONLY	
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(13) APPLICANT NAME Townsquare Media Texarkana License, ILC			
(14) STREET ADDRESS LINE NO. 1 240 Greenwich Avenue			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY Greenwich		(17) STATE CT	(18) ZIP CODE 06830
(19) DAYTIME TELEPHONE NUMBER (include area code) 203-861-0900		(20) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0016371148		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID KOSY	(24A) PAYMENT TYPE CODE MMR	(25A) QUANTITY 1	
(26A) FEE DUE FOR (PTC) \$725.00	(27A) TOTAL FEE \$725.00	FCC USE ONLY	
(28A) FCC CODE 1 7072		(29A) FCC CODE 2	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY	
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY	
(28B) FCC CODE 1		(29B) FCC CODE 2	
SECTION D - CERTIFICATION			
CERTIFICATION STATEMENT I, <u>Christopher Kitchen</u> , certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.			
SIGNATURE <u>[Signature]</u>		DATE <u>2/12/19</u>	
SECTION E - CREDIT CARD PAYMENT INFORMATION			
MASTERCARD _____ VISA _____ AMEX <input checked="" type="checkbox"/> DISCOVER _____			
ACCOUNT NUM _____			
I hereby authorize SIGNATURE <u>[Signature]</u>			
PAID BY CREDIT CARD			

FEBRUARY 2003

FOR
FCC
USE
ONLY

FCC 302-AM
APPLICATION FOR AM
BROADCAST STATION LICENSE

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO.

BL-20190214 ABL

SECTION I - APPLICANT FEE INFORMATION

1. PAYOR NAME (Last, First, Middle Initial)

Christopher Kitchen

MAILING ADDRESS (Line 1) (Maximum 35 characters)

240 Greenwich Avenue

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY

Greenwich

STATE OR COUNTRY (if foreign address)

CT

ZIP CODE

06830

TELEPHONE NUMBER (include area code)

(203) 861-0900

CALL LETTERS

KOSY

OTHER FCC IDENTIFIER (if applicable)

7072

2. A. Is a fee submitted with this application?



Yes



No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section



Governmental Entity



Noncommercial educational licensee



Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).

(A)

FEE TYPE CODE		
M	M	R

(B)

FEE MULTIPLE			
0	0	0	1

(C)

FEE DUE FOR FEE TYPE CODE IN COLUMN (A)
\$725.00

FOR FCC USE ONLY

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)

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(B)

\$			
----	--	--	--

(C)

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FOR FCC USE ONLY

ADD ALL AMOUNTS SHOWN IN COLUMN C,
AND ENTER THE TOTAL HERE.
THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED
REMITTANCE.

TOTAL AMOUNT
REMITTED WITH THIS
APPLICATION

\$725.00

FOR FCC USE ONLY

SECTION II - APPLICANT INFORMATION		
1. NAME OF APPLICANT TOWNSQUARE MEDIA TEXARKANA LICENSE, LLC		
MAILING ADDRESS 240 Greenwich Avenue		
CITY Greenwich	STATE CT	ZIP CODE 06830

2. This application is for:

- ☒ Commercial
 ☐ Noncommercial
☐ AM Directional
 ☒ AM Non-Directional

Call letters KOSY	Community of License Texarkana, AR	Construction Permit File No. BP-20180702AAR	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit Oct. 9, 2021
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3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

☒ Yes ☐ No

If No, explain in an Exhibit.

Exhibit No.

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

☒ Yes ☐ No

If No, state exceptions in an Exhibit.

Exhibit No.

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?

☐ Yes ☒ No

If Yes, explain in an Exhibit.

Exhibit No.

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?

☐ Yes ☐ No

☐ Does not apply

If No, explain in an Exhibit.

Exhibit No.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

☐ Yes ☒ No

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Exhibit No.

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

☐ Yes ☒ No

If Yes, provide particulars as an Exhibit.

Exhibit No.

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

☒ Yes ☐ No

2. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name Christopher Kitchen	Signature 	
Title Vice President and General Counsel	Date 12/28/2018	Telephone Number (203) 861-0900

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

SECTION III - LICENSE APPLICATION ENGINEERING DATA

Name of Applicant

TOWNSQUARE MEDIA TEXARKANA LICENSE, LLC

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)



Station License



Direct Measurement of Power

1. Facilities authorized in construction permit

Call Sign	File No. of Construction Permit (if applicable)	Frequency (kHz)	Hours of Operation	Power in kilowatts	
KOSY	BP-20180702AAR	790	Daytime with Secondary nighttime	Night 0.023	Day 1.0

2. Station location

State Arkansas	City or Town Texarkana
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3. Transmitter location

State AR	County Miller	City or Town Texarkana	Street address (or other identification) Union Rd .1mi E Line Ferry
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4. Main studio location

State AR	County Miller	City or Town Texarkana	Street address (or other identification) 2324 Arkansas Blvd.
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5. Remote control point location (specify only if authorized directional antenna)

State AR	County Miller	City or Town Texarkana	Street address (or other identification) 2324 Arkansas Blvd.
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6. Has type-approved stereo generating equipment been installed?



Yes



No

7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68?



Yes



No



Not Applicable

Attach as an Exhibit a detailed description of the sampling system as installed.

Exhibit No.

8. Operating constants:

RF common point or antenna current (in amperes) without modulation for night system .87A	RF common point or antenna current (in amperes) without modulation for day system 5.75A
Measured antenna or common point resistance (in ohms) at operating frequency Night 30.2 Day 30.2	Measured antenna or common point reactance (in ohms) at operating frequency Night +12.4 Day +12.4

Antenna indications for directional operation

Towers	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
	Night	Day	Night	Day	Night	Day

Manufacturer and type of antenna monitor:

SECTION III - Page 2

9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.
Vertical, guyed	79.9	79.1	81.0	<div style="border: 1px solid black; padding: 2px;">Exhibit No.</div>

Excitation



Series



Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude	33	°	22	'	25	"	West Longitude	94	°	01	'	01	"
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If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No.


10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

As-built facility fully comports with construction permit.

11. Give reasons for the change in antenna or common point resistance.

Facility reconfigured for single-tower, omni-directional operation.

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) Martin Stabbert	Signature (check appropriate box below) 
Address (include ZIP Code) 240 Greenwich Avenue Greenwich, CT 06830	Date 01/28/2019
	Telephone No. (Include Area Code) 203-861-0900

- | | |
|--|---|
| <input checked="" type="checkbox"/> Technical Director | <input type="checkbox"/> Registered Professional Engineer |
| <input type="checkbox"/> Chief Operator | <input type="checkbox"/> Technical Consultant |
| <input type="checkbox"/> Other (specify) | |

ORIGIN ID: BZSA (202) 783-4141 KARLA HUFSTICKLER 1800 M STREET, NW SUITE 800N WASHINGTON, DC 20036 UNITED STATES US		SHIP DATE: 13-FEB-19 ACTWGT: 1.00 LB CAD: 100619067/NET4100
TO: FCC GOVERNMENT LOCKBOX 979089 FEDERAL COMMUN. COMM. CO US BANK 1005 CONVENTION PLZ SL-MO-C2-GL SAINT LOUIS MO 63101 (202) 628-9589 NV: REF: 6TVM000 PO: DEPT:		BILL SENDER
US BANK/FCC FEB 14 2019		
565J20E3DZ3AD		

TRK# 7744 6339 4145 0201 XX CPSA MO-US STL 63101	THU - 14 FEB 10:30A PRIORITY OVERNIGHT
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After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
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3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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